

County: Douglas  
ST. FRANCIS IN THE PARK HEALTH/REHAB  
1800 NEW YORK AVENUE

Facility ID: 8350

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SUPERIOR 54880 Phone:(715) 394-5591  
Operated from 1/1 To 12/31 Days of Operation: 365  
Operate in Conjunction with Hospital? No  
Number of Beds Set Up and Staffed (12/31/02): 168  
Total Licensed Bed Capacity (12/31/02): 186  
Number of Residents on 12/31/02: 154

Ownership: Non-Profit Corporation  
Highest Level License: Skilled  
Operate in Conjunction with CBRF? No  
Title 18 (Medicare) Certified? Yes  
Title 19 (Medicaid) Certified? Yes  
Average Daily Census: 158

Services Provided to Non-Residents		Age, Sex, and Primary Diagnosis of Residents (12/31/02)				Length of Stay (12/31/02)		%
Home Health Care	No	Primary Diagnosis	%	Age Groups	%	Less Than 1 Year		32.5
Supp. Home Care-Personal Care	No	-----		-----		1 - 4 Years		52.6
Supp. Home Care-Household Services	No	Developmental Disabilities	1.3	Under 65	4.5	More Than 4 Years		14.9
Day Services	No	Mental Illness (Org./Psy)	40.3	65 - 74	9.1			-----
Respite Care	No	Mental Illness (Other)	11.0	75 - 84	31.2			100.0
Adult Day Care	No	Alcohol & Other Drug Abuse	0.0	85 - 94	44.8	*****		
Adult Day Health Care	No	Para-, Quadra-, Hemiplegic	0.0	95 & Over	10.4	Full-Time Equivalent		
Congregate Meals	No	Cancer	3.9		-----	Nursing Staff per 100 Residents		
Home Delivered Meals	No	Fractures	0.6		100.0	(12/31/02)		
Other Meals	No	Cardiovascular	3.9	65 & Over	95.5	-----		
Transportation	No	Cerebrovascular	13.0	-----		RNs		7.2
Referral Service	No	Diabetes	0.6	Sex	%	LPNs		8.1
Other Services	Yes	Respiratory	3.9	-----		Nursing Assistants,		
Provide Day Programming for		Other Medical Conditions	21.4	Male	25.3	Aides, & Orderlies		
Mentally Ill	No		-----	Female	74.7			
Provide Day Programming for			100.0		-----			
Developmentally Disabled	No				100.0			

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#### Method of Reimbursement

			Medicare (Title 18)			Medicaid (Title 19)			Other			Private Pay			Family Care			Managed Care			Total	%
			No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	Resi- dents	Of All
Int. Skilled Care	0	0.0	0			4	3.4	121	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	4	2.6
Skilled Care	12	100.0	348			77	65.3	104	0	0.0	0	24	100.0	139	0	0.0	0	0	0.0	0	113	73.4
Intermediate	---	---	---			37	31.4	87	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	37	24.0
Limited Care	---	---	---			0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Personal Care	---	---	---			0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Residential Care	---	---	---			0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Dev. Disabled	---	---	---			0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Traumatic Brain Inj	0	0.0	0			0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Ventilator-Dependent	0	0.0	0			0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Total	12	100.0				118	100.0		0	0.0		24	100.0		0	0.0		0	0.0		154	100.0

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Admissions, Discharges, and Deaths During Reporting Period		Percent Distribution of Residents' Conditions, Services, and Activities as of 12/31/02				
		-----				
		% Needing				Total
Percent Admissions from:		Activities of	%	Assistance of	% Totally	Number of
Private Home/No Home Health	11.3	Daily Living (ADL)	Independent	One Or Two Staff	Dependent	Residents
Private Home/With Home Health	0.0	Bathing	1.3	70.8	27.9	154
Other Nursing Homes	3.8	Dressing	11.0	63.0	26.0	154
Acute Care Hospitals	82.4	Transferring	35.7	49.4	14.9	154
Psych. Hosp.-MR/DD Facilities	0.0	Toilet Use	20.8	52.6	26.6	154
Rehabilitation Hospitals	0.0	Eating	63.6	21.4	14.9	154
Other Locations	2.5	*****				
Total Number of Admissions	159	Continence	%	Special Treatments	%	
Percent Discharges To:		Indwelling Or External Catheter	7.8	Receiving Respiratory Care	10.4	
Private Home/No Home Health	3.0	Occ/Freq. Incontinent of Bladder	59.1	Receiving Tracheostomy Care	1.3	
Private Home/With Home Health	26.3	Occ/Freq. Incontinent of Bowel	34.4	Receiving Suctioning	1.3	
Other Nursing Homes	5.4			Receiving Ostomy Care	5.8	
Acute Care Hospitals	20.4	Mobility		Receiving Tube Feeding	3.9	
Psych. Hosp.-MR/DD Facilities	0.0	Physically Restrained	1.9	Receiving Mechanically Altered Diets	19.5	
Rehabilitation Hospitals	0.0					
Other Locations	11.4	Skin Care		Other Resident Characteristics		
Deaths	33.5	With Pressure Sores	1.3	Have Advance Directives	92.2	
Total Number of Discharges		With Rashes	7.1	Medications		
(Including Deaths)	167			Receiving Psychoactive Drugs	57.8	

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Selected Statistics: This Facility Compared to All Similar Metropolitan Area Facilities & Compared to All Facilities

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	This Facility	Ownership: Nonprofit		Bed Size: 100-199		Licensure: Skilled		All	
	%	%	Ratio	%	Ratio	%	Ratio	%	Ratio
Occupancy Rate: Average Daily Census/Licensed Beds	84.3	87.5	0.96	85.7	0.98	85.3	0.99	85.1	0.99
Current Residents from In-County	93.5	79.3	1.18	81.9	1.14	81.5	1.15	76.6	1.22
Admissions from In-County, Still Residing	27.7	21.8	1.27	20.1	1.38	20.4	1.36	20.3	1.36
Admissions/Average Daily Census	100.6	124.6	0.81	162.5	0.62	146.1	0.69	133.4	0.75
Discharges/Average Daily Census	105.7	129.0	0.82	161.6	0.65	147.5	0.72	135.3	0.78
Discharges To Private Residence/Average Daily Census	31.0	50.5	0.61	70.3	0.44	63.3	0.49	56.6	0.55
Residents Receiving Skilled Care	76.0	94.7	0.80	93.4	0.81	92.4	0.82	86.3	0.88
Residents Aged 65 and Older	95.5	96.2	0.99	91.9	1.04	92.0	1.04	87.7	1.09
Title 19 (Medicaid) Funded Residents	76.6	56.7	1.35	63.8	1.20	63.6	1.20	67.5	1.14
Private Pay Funded Residents	15.6	32.8	0.48	22.1	0.70	24.0	0.65	21.0	0.74
Developmentally Disabled Residents	1.3	0.5	2.43	0.9	1.42	1.2	1.10	7.1	0.18
Mentally Ill Residents	51.3	35.5	1.45	37.0	1.39	36.2	1.42	33.3	1.54
General Medical Service Residents	21.4	23.8	0.90	21.0	1.02	22.5	0.95	20.5	1.05
Impaired ADL (Mean)	48.1	50.4	0.95	49.2	0.98	49.3	0.98	49.3	0.98
Psychological Problems	57.8	54.7	1.06	53.2	1.09	54.7	1.06	54.0	1.07
Nursing Care Required (Mean)	6.3	6.9	0.92	6.9	0.91	6.7	0.94	7.2	0.88